

Josie Gonzales County Supervisor, Fifth District

Reply to:
County Government Center
385 North Arrowhead Avenue, Fifth Floor
San Bernardino, CA 92415-0110
(909) 387-4565
(909) 387-5392 (Fax)

August 22, 2006

As your County Supervisor, I invite you to apply for funds I have allocated for after school programs in the Fifth District.

Through the **AFTER SCHOOL PROGRAM MINI-GRANT AWARDS**, I have reserved \$10,000 for qualified after school programs to purchase paper, pens, books, arts and craft, and other educational materials needed to conduct their supplemental education programs for school-aged youth living with San Bernardino County's Fifth District.

To be considered for this one-time funding source, you must submit a completed the application to the Office of the Fifth District. There is no deadline to apply. However, the mini-grants will be distributed to qualifying programs on a first-come, first-served basis. Mini-grants up to \$2,500 will be awarded. Programs accepting these mini-grants will contract with the Children's Fund, which will oversee disbursement of the funds.

Your program, at minimum, must provide proof of its incorporated status to qualify for funding. A representative from the Fifth District will contact each requestor upon receipt of the program's completed application. All applications will be processed as soon as possible in order of receipt.

Additional applications are available by calling (909) 387-4565 or visiting my website at www.sbcounty.gov/gonzales. If you have any questions regarding the program call (909) 387-4565 and ask for my field representative Lisha Smith.

I look forward to receiving your application.

Sincerely,

Josie Gonzales San Bernardino County Supervisor, Fifth District

Enclosure

JG/BP/lbs



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AFTER SCHOOL PROGRAMS MINI-GRANT APPLICATION

Organization Name						
Address						
City State			Zip Code			
Contact Name						
Phone	Fax					
E-mail Address						
Mailing Address (If Different than Above)						
Address						
City		State		Zip		
Do you currently have a contract with the County?			Yes		No	
If Yes, please list Department(s):						
Executive Director:						
Authorized Representative(s)*						
1.						
2.						
Amount Requesting** \$						
**Maximum funds available per grant are \$2,500.00 per program. These one-time funds will be provided to qualified programs on a first-come, first-served basis.						
Please attach a description of your program, including: (1) the days and hours of operation; (2) the classes and activities						
you provide; (3) how many children you serve, their age range and grade levels, and (4) from what areas of the 5 th District they reside, cities as well as unincorporated areas. Also, tell us specifically what educational materials you intend to						
purchase with the funds. Finally, attach verification of your non-profit, tax exempt or incorporation status. Check off below						
all the attachments you have provided with this application.						
Attachments						
☐ IRS 501(c)(3) Letter	* * * * * * * * * * * * * * * * * * * *		Tax Exempt Letter			
☐ Articles of Incorporation ☐ Description of Programs						
I certify that all application information is current and correct, that the above named representative(s) is/are authorized to sign for and obtain funding for the above named organization, and that the materials purchased with these fund will be						
used to provide educational materials for after school programs within San Bernardino County's Fifth District.						
Driede d Name of Europetius Discotor on Deciment						
Printed Name of Executive Director or Designee Signature of Executive Director or Designee Date						
County use Only						
Date Received	☐ Approved/Amt Funded \$_		Not Approved			